



Kusar, Inc.
 111 West Ocean Blvd., Suite 1200, Long Beach, CA 90802
 (800) 282-3376 FAX: (562) 437-8073

Kusar Rec'd: _____ Kusar Ref: _____

Trial Date	<input type="checkbox"/> WCAB <input type="checkbox"/> CIVIL
Request Date:	<input type="checkbox"/> RUSH:
Due Date:	(Reason, ie. Trial, AME, MSC, etc.)

1. COPY RECORDS PERTAINING TO

Name: _____ Injury Date(s): _____
 AKA: _____ SSN: _____ DOB: _____

2. REQUESTOR

Firm: _____
 Address: _____
 Phone: _____ Fax: _____
 Attorney: _____
 Bar No: _____
 Contact: _____
 Representing: Plaintiff/Applicant Defendant
 Other:

4. SUBPOENA INFORMATION

Case No: _____
 Case Caption: _____
 vs: _____
 County: _____
 Judicial District: _____
 Request Type: SUP MUN FED ARB WCAB
 Authorization Attached Client Subpoena
 Prepare: Deposition Subpoena Trial Subpoena
 Discovery Cutoff Date: _____
 For: Records Only
 Personal Appearance WITH Records
 Personal Appearance WITHOUT Records
 Appearance Address: _____
 Date: _____ Time: _____
 Dept/Div: _____

3. BILLING INFORMATION

Send Invoice To: Requestor Carrier (provide detail below)
 Carrier: _____
 Address: _____
 Phone: _____
 Adjustor: _____ Ext: _____
 Claim No: _____
 Employer / Insured: _____
 Address: _____

Additional Carrier List Attached

5. OPPOSING COUNSEL

Counsel: _____
 Firm: _____
 Address: _____
 Phone: _____
 Representing: Plaintiff/Applicant Defendant
 Other:

Additional Counsels List Attached

6. DELIVERY INSTRUCTIONS

Requestor Qty Paper: Duplex: CD:
 Other Qty Req'd Paper: Duplex: CD:
 Name/Address: _____

Additional Delivery List Attached

7. OBTAIN RECORDS FROM (Use codes below to designate what records are needed from each location)

Codes: [M]edical [B]illing [X]-ray Films [E]mployment [W]age [C]laim File [O]ther:

Code	Location Name	Address	Phone	Treat Date(s)

Additional Copy Locations Attached Copy: Any and All These Dates Only:

Special Instructions (attach claim or application form): _____

By Sending this order, I/we herewith authorize Kusar, Inc. to act as my/our representative for the purpose of procuring/transferring all records in accordance with the directives contained in this order form. The party ordering the records accepts responsibility for the cost of obtaining said records. In the event a third party is billed, the ordering firm is held responsible until payment is received. The ordering party may be held liable for all costs associated with collections of this order.

Click here to submit this form to Kusar: